under medium term plan. The details of assistance provided by WHO to the above mentioned state governments are as follows:

Maharashtra	— US $ 455,914
Manipur	— US $ 62,856
Tamil Nadu	— US $ 303,764
West Bengal	— US $ 389,012
TOTAL:	US $ 1211,546

Legislation to check the increase of Aids in the Country

2070. SHRI SURENDRA SINGH THAKUR: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that AIDS is on the increase in different parts of the country in an alarming proportion;

(b) if so, what are the details of AIDS cases detected in the country, city-wise;

(c) what steps are being taken by Government to check the increase of AIDS as an epidemic in the country?

(d) whether there is any proposal under Government's consideration to bring a legislation for setting up norms and directives to provide a check on the growth of AIDS in cities/towns with a population of one lakh or more; and

(e) if so, what are the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b) There has been an increase in the number of AIDS cases reported in the country. This rise has partly been due to the expansion of the network of surveillance centres and intensive screening of persons practising 'At risk behavior'.

As on 1st February, 1992, 104 full blown AIDS cases have been detected in the country. Citywise break is given in the statement enclosed. *(See* below).

(c) To prevent the spread of AIDS in the country, National AIDS control programme is being implemented which has three major components *viz.* Surveillance, Health and Community Education and ensuring Safety of Blood and Blood Products.

Surveillance

67 Surveillance centres and 4 referral centres had been established in different parts of the country with specific objective of screening persons belonging to high risk groups.

Health and Community Education

Health Education activities have been intensified to increase awareness among general public, youth and also students of schools and colleges.

Safety of blood and blood products

Testing of blood donors for HIV infection by all the surveillance centres and Zonal blood testing centres, is being carried out.

For clinical management of AIDS cases, facilities have been developed at 13 medical colleges of the country.

(d) and (e) The Government had earlier introduced in Rajya Sabha, the AIDS Prevention Bill, 1989. However there are several controversial issues related to the policy and legislation pertaining to the AIDS prevention Bill, 1989. The first major issue is the policy to be adopted with regard to regulating prostitution. The second issue is how to ensure confidentiality. There is also the question of whether any penalty should be incorporated. Providing for penalty may be counter-productive if patients preferring anonymity refuse to seek medical attention. In the light of the foregoing, a legislation is not considered necessary for preventing and controlling HIV Infection. It was, therefore decided to withdraw the legislation.

Statement

City wise breakup of AIDS Cases

1.	MAHARASHTRA	
	i. Bombay	37
	ii. Jalgaon	1
	iii. Nasik	1
	iv. Pune	1
	v. Aurangabad	1
	vi. Thane	5
	Foreigners	8
2.	DELHI	115
3.	TAMTLNADU	
	i. Madurai	2
	ii. Madras	7
4.	HARYANA	
	Rohtak	1
5.	PONDICHERRY	3
6.	WEST BENGAL	
	Calcutta	1
7.	PUNJAB	
	i. Jalandar	5
	ii. Ludhiana	5

8.	MANIPUR	
	Imphal	4
9.	KERALA	
	Trivandrum	2
10.	ASSAM	
	Dimapur	1
11.	GOA	
	i. Mapusa	1
	ii. Panjim	1
12.	RAJASTHAN	
	Jaipur	1
13	UTTAR PRADESH	
	Agra	1
14.	JAMMU & KASHMIR	
	Srinagar	1
15.	GUJARAT	
	Ahmadabad	1
		104

Banned Homoeoputhic Eye Medicines

2071. SHRI HARVENDRA SINGH HANSPAL: Will the MINISTER OF HEALTH AND FAMILY WELFARE he pleased to state:

(a) whether it is a fact that Homoeopathic medicine for use in eye, the import of which was banned in 1989 by the Drug Controller of India on account of its being sub-standard, has again been allowed entry in the country during 1991 as reported in the Hindustan Times dated 13th February, 1992;

(b) whether the ingredients of the medicine are the same which were banned earlier; and

(c) if so, the justification for permitting the medicine again in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) No Sir.

(b) Does not arise.

(c) Does not arise.

Tenure of C.G.H.S. staff

2072. SHRI SYED SIBTEY RAZI: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is fact that some tenure of Doctors, paramedical staff and other clerical staff working in C.G.H.S. Dispensaries have been fixed;

(b) if so, what are the details thereof and if not, what are the reasons therefor;

(c) whether some tenure of Doctors, Para-medical staff and other clerical staff of C.G.H.S. Dispensaries in one zone has been fixed;

(d) if *so,* what are the details thereof and if not, what are the reasons there-for;

(e) whether it is a fact that ~~pr~~esent staff and doctors working in C.G.H.S. Dispensaries at Gole market, Pahargaaj and Chitra Gupta Road have completed their tenure while working in one zone and in one dispensary;

(f) whether Government propose to transfer them on rotation as per existing guidelines; and

(g) if so, what are the details thereof and if not, what are die reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Yes, Sir.

(b) As per guidelines, the tenure of posting in a particular dispensary of doctors is 4 to 5 years and for para-medical staff/clerical staff is 3 to 4 years.

(c) No, Sir.

(d) In view of reply given (c) above, the question does not arise.

(e) No, Sir.

(f) As they have not completed their tenure, it is not proposed to transfer them at present.

(g) In view of reply given at (f) above, the question does not arise.